

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/662236</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5	1						55						
6	1						56						
7	1						57						
8	1						58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		5					63						
14	1						64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25	1						75						
26		1					76						
27		1					77						
28	1						78						
29		1					79						
30		1					80						
31	1						81						
32		1					82						
33	1						83						
34	1						84						
35		1					85						
36		1					86						
37	1	1					87						
38		1					88						
39	1						89						
40		1					90						
41	1						91						
42	1						92						
43		1					93						
44		1					94						
45		1					95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	14		19				TOTAL IND.						
TOTAL DEP.	35		86				TOTAL DEP.						
TOTAL CLAIMS	49		105				TOTAL CLAIMS						